

FILED

AUG 25 2021

CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF OHIO
CLEVELAND

FORM TO BE USED BY A PRISONER IN FILING
A CIVIL RIGHTS COMPLAINT

UNITED STATES DISTRICT COURT
for the
NORTHERN DISTRICT OF OHIO

1:21 CV 1653

Case No. Judge Barker

James McDonald #232-727
Plaintiff,

v. P.C.I. FRAZER HEALTH Clinic.

Ohio Department of Correction
Defendant.

JUDGE _____

COMPLAINT

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? YES **NO**

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs N/A

Defendants N/A

2. Court (if federal court, name the district; if state court, name the county):

3. Docket Number: N/A

4. Name of judge to whom case was assigned N/A

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?):

N/A

6. Approximate date of filing lawsuit: N/A

7. Approximate date of disposition: N/A

II. Place of Present Confinement: PICKAWAY CORR. INST. (P.C.I.)

A. Is there a prisoner grievance procedure in this institution? ☒ YES ☐ NO

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? ☒ YES ☐ NO

C. If your answer is "yes",

1. What steps did you take? I Filed A Informal Complaint, Then When They didn't Respond, I File The Grievance

2. What was the result? Denied, Medical Treatment To Have Surgery To place My Intestine Back inside My Body,

D. If your answer is "no", explain why not:

I File 20 Grievance on The Medical Department.

E. If there is a prisoner grievance procedure in the institution, did you complain to prison

authorities? ☒ YES ☐ NO I Complaint To Everyone, CAPTAIN'S, SGT'S, CORRECTIONAL OFFICER, LT. MAJOR, Deputy Warden, Doctor's, Nurse's, Warden, Health Care Admitt. Case Manager, Unit Manager, I Complaint To Everyone.

F. If your answer is "yes",

1. What steps did you take?

I COMPLAINT TO EVERY
ONE FROM DOCTOR - NURSES, CO. Sgt. Major Captains
Deputy Warden - Warden, FRAZER HEALTH CARE Admit.

2. What was the result?

DENIED!

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of the Plaintiff

JAMES McDONALD #632-727
PICKAWAY CORR, INST. FHC-258
Address P.O. Box 209, ORIENT, Oh. 43146

(In item B below, place the full name of the defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Use item C for the names, positions and places of employment of any additional defendants.)

B. Defendant _____ is employed as

at _____

C. Additional Defendants

IV. Statement of Claim

(State here the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite

any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separated paragraph. Use as much space as you need. Attach extra sheet(s) if necessary.)

In (P.C.I.) Pickaway Correctional Institution FRAZIE Health Clinic.

ON November of 2017, I STARTED To have Diarrhea, Almost every HALF Hour. I Saw The Nurse Practitioner Ms Hall, 3 TO 4 Times A week, Ms Hall, Kept on Telling Me To TAKE Immodium Anti diarrhea TABLETS, IT didn'T STOP The Diarrhea. Sometime Between 11-30-2017 And 12-3-2017, I Became UNCONIOUS And WAS Rushed To O.S.U, Westover Medical Center.

O.S.U. STATED THAT I had A SEVER BACTERIAL Infection OF The Clostridium Difficile. This Infection HAS Killed ALOT OF People.

ON 12-3-2017 O.S.U performed Surgery And Removed My Complete Colon AND Part OF My Small Intestines.

The C-DIFF, HAS Killed my Colon Because IT WAS NOT TREATED. Ms Hall Nurse Practitioner Keep

(Statement of Claim continued)

Putting it off from me to have test done and only kept prescribing me with Immodium Anti-dysentery Tablets. The Result is That I will have a Colostomy Bag For The Rest of My Life.

Upon My Return To (P.C.C.I.) Pickaway Correctional Inst. Frazier Health Clinic, My Small Intestines Started To push its way out of My Body, My Small Intestines is Now hanging 12 inch outside My Body, No Intestines Should Be hanging outside my Body, it is Now 2-2-2021 and They Frazier Clinic Refuse To pay For my Surgery To Have My Small Intestines put Back into my Body where it belongs, plus 16 inch of my Small intestines is inside My Colostomy Bag Outside My Body Causing The Colostomy Bag To Keep Falling Off, Putting My self And Everyone Around me AT Risk To Catch C-DIFF or Hepatitis. This is Causing Me A Great Deal of Pain and Suffering, Mental Pain, Fear,

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Do not give any legal arguments or cite any cases or statutes.)

I want The State To Pay For my Surgery To put my Small Intestines Back inside my body where it belongs.

I want The State To Pay Me \$1,250,000.00 For All These Years Of Pain And Suffering, Refusing Me Proper Treatment, For Miss Diagnosis, Mental Cruelty, Mental Pain And Suffering.

Signed this _____ day of _____, 20_____.

I declare under penalty of perjury that the foregoing is true and correct.

Date

Signature of Plaintiff